

PART B - FEE(S) TRANSMITTAL

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28523 7590 09/14/2004

PFIZER INC.
PATENT DEPARTMENT, MS8260-1611
EASTERN POINT ROAD
GROTON, CT 06340

11/16/2004 MHEKONE1 00000011 161445 10684146

01 FC:1501 1370.00 DA
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| | |
|--------------------|--------------------|
| Erica L. Smith | (Depositor's name) |
| <i>[Signature]</i> | (Signature) |
| November 11, 2004 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/684,146 | 10/10/2003 | Robert L. Dow | PC10776C | 1289 |

TITLE OF INVENTION: PROCESS FOR PREPARING SUBSTITUTED PYRIDNES

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1330 | \$300 | \$1630 | 12/14/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|--------------------------|----------|----------------|
| DAVIS, ZINNA NORTHINGTON | 1625 | 546-339000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Peter C. Richardson
 2. Gregg C. Benson
 3. Arlene K. Musser

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Pfizer Inc,

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

New York, New York

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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☐ Advance Order - # of Copies _____

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Arlene K. Musser

Date

November 11, 2004

Typed or printed name

Arlene K. Musser

Registration No.

37,895

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